



ECCC COVID-19 Social Contract

Individual Name (print): _____

Individual's Parent/Guardian: _____
(if the individual is younger than 18 years old)

Email: _____

Telephone: _____

ATTENTION! ALL INDIVIDUALS ENTERING THE ECCC FACILITY AND/OR PARTICIPATING IN SANCTIONED ACTIVITIES MUST COMPLY WITH THIS SOCIAL CONTRACT

The Eau Claire Curling Club (the "Organization"), in cooperation with federal, state, county and local agencies, requires the disclosure of exposure or illness in order to safeguard the health and safety of all participants and limit the further outbreak of COVID-19. This COVID-19 Social Contract will be kept safely, and personal information will not be disclosed unless as required by law or with your consent.

An individual (or the individual's parent/guardian, if the individual is younger than the age of majority) who is unable to agree to the terms outlined in this document is not permitted to enter the Organization's facilities or participate in the Organization's activities, programs, or services.

ECCC COVID-19 SOCIAL CONTRACT

I, the undersigned being the individual named above and the individual's parent/guardian (if the individual is younger than the age of majority), hereby acknowledge and agree to the terms outlined in this document:

1) The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19 and requires all individuals (or their parent/guardian, when applicable) to adhere to the compliance standards described in this document.

2) The individual has not been diagnosed with COVID-19; **OR** If the individual was diagnosed with COVID-19, the individual was cleared as noncontagious by local public health authorities more than 14 days prior to the date this COVID-19 Social Contract was signed.

3) The individual has not been exposed to a person with a confirmed or suspected case of COVID-19; **OR** If the individual was exposed to a person with a confirmed case of COVID-19, the date of exposure was more than 14 days prior to the date this COVID-19 Social Contract was signed.

4) The individual is attending or participating voluntarily and understands the risks associated with COVID-19. The individual (or the individual's parent/guardian, on behalf of the individual (when applicable)) agrees to assume those risks, including but not limited to exposure and being infected.

5) The individual has not, nor has anyone in the individual's household, experienced any signs or symptoms of COVID-19 in the last 14 days (including fever, new or worsening cough, fatigue, chills and body aches, respiratory illness, difficulty breathing, nausea, vomiting or diarrhea, pink eye, or loss of taste or smell).

6) If the individual experiences, or if anyone in the individual's household experiences, any signs or symptoms of COVID-19 after submitting this COVID-19 Social Contract, the individual will immediately isolate, notify the Organization, and not attend any of the Organization's facilities, activities, programs or services until at least 14 days have passed since those symptoms were last experienced.

7) The individual is following recommended guidelines, including but not limited to, practicing physical distancing, trying to maintain separation of six feet from others, adhering to recognized hygiene best practices, and otherwise limiting exposure to COVID-19.

8) The individual will follow the safety, physical distancing, and hygiene protocols of the Organization as laid out in the current version of the ECCC Return to Curling Plan.

9) This document will remain in effect until the Organization, under the guidance of federal, state, county and local health officials, determines that the acknowledgements in this COVID-19 Social Contract are no longer required.

10) The Organization may remove the individual from the facility or from participation in the activities, programs or services of the Organization at any time and for any reason if the Organization believes, in its sole discretion, that the individual is no longer in compliance with any of the standards described in this document.

Signature: _____
Individual (If the age of majority)

Date: _____

Signature: _____
Parent/Guardian

Date: _____